| CLAIMS AS FILED - PART I  (Column 1)  CONTROL   Column 2)  SMALL ENTITY   OR   OTHER THAM    SMALL ENTITY   OR   SMALL ENTITY    OR   X &        OR   X &        OR   X &      OR   X &      OR   X &      OR   X &      OR   X &      OR   X &      OR   X &      OR   X &      OR   X &      OR   X &      OR   X &      OR   X &      OR   X &      OR   X &      OR   X &      OR   X &      OR   X &      OR   X &      OR   X &      OR   X &      OR   X &      OR   X &      OR   X &      OR   X &      OR   X &      OR   X &      OR   X &      OR   X &      OR   X &      OR   X &      OR   X &      OR   X &      OR   X &      OR   X &      OR   X &      OR   X &      OR   X &      OR   X &      OR   X &      OR   X &      OR   X &      OR   X &      OR   X &      OR   X &      OR   X &      OR   X &      OR   X &      OR   X &      OR   X &      OR   X &      OR   X &      OR   X &      OR   X &      OR   X &      OR   X &      OR   X &      OR   X &      OR   X &      OR   X &      OR   X &      OR   X &      OR   X &      OR   X &      OR   X &      OR   X &      OR   X &      OR   X &      OR   X &      OR   X &      OR   X &      OR   X &      OR   X &      OR   X &      OR   X &      OR   X &      OR   X &      OR   X &      OR   X &      OR   X &      OR   X &      OR   X &      OR   X &      OR   X &      OR   X &      OR   X &      OR   X &      OR   X &      OR   X &      OR   X &      OR   X &      OR   X &      OR   X &      OR   X &      OR   X &      OR   X &      OR   X &      OR   X &      OR   X &      OR   X &      OR   X &      OR   X &      OR   X &      OR   X &      OR   X &      OR   X &      OR   X &      OR   X &      OR   X &      OR   X &      OR   X &      OR   X &      OR   X &      OR   X &      OR   X &      OR   X &      OR   X &      OR   X &      OR   X &      OR   X &      OR   X &      OR   X &      OR   X &      OR   X &      OR   X &      OR   X &      OR   X &      OR   X &      OR   X &      OR   X &      OR   X &      OR   X &      OR   X &      OR   X &      OR   X &      OR   X &                                                                                                                                                                         | Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection and Trademerk Of PATENT APPLICATION FEE DETERMINATION RECORD  Substitute for Form PTO-875 |                  |                  |                  |                |             |           |                  |                |            | I TENTONIO LOCKE NIMERA |                  |                                                  |             |  |
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| RASIC FEE  TOTAL CLAIMS  TOTAL                                                                                                                                                                        |                                                                                                                                                                                         | CLAIMS /         | AS FIL<br>Column | ED - P.<br>1)    |                | (Column 2)  | SI        | WALI.            | ĖMTITŲ         |            | 7/<br>00                |                  | OTHER T                                          | HAN         |  |
| PROPERTY LEGISTON MINUS 20 **  OR X \$ = 0  OR X \$ = 0 | BASIC FFF                                                                                                                                                                               | NUT              | ABER FIL         | LED              | · MA           | BER EXTRA   |           |                  |                | ·          | .UK<br>:                | 8                | MALLENTITY                                       |             |  |
| AUTIFIC DEPENDENT CLAUM PRESENT PRESENT PRESENT PRESENT PRESENT FREE TOTAL  CLAIMS AS AMENDED - PART II  (Cotumn 1) (Cotumn 2) (Cotumn 3) SMALL ENTITY  OR OTHER THAN SMAL                                                                                                                                                                        | OYAL CHAINS                                                                                                                                                                             |                  | _                |                  | · .            | . ":        |           | IE_              |                | <u> </u>   | سسسر                    | RAT              | E                                                | FEE         |  |
| ULTIPLE DEPENDENT CLAIM PRÉSENT (OT GFR 1.18(d))  If the difference in column't Is less than zero; enter 'b' in eduran 2.  CLAIMS AS AMENDED - PART II  (Column 1)  (Column 2)  (Column 3)  SMALL ENTITY  OR  OR  TOTAL  OR  TOTAL  OR  TOTAL  OR  OR  OR  OR  OR  TOTAL  OR  OR  TOTAL  OR  OR  OR  TOTAL  OR  OR  OR  OR  OR  OR  OR  OR  OR  O                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 37 CFR 1.18(c))                                                                                                                                                                         |                  | mínu             | ı\$ 20 <b>=</b>  |                |             |           |                  | -              |            | OR                      | ļ                | !-                                               | ==          |  |
| Total CLAIMS AS AMENDED - PART II  (Column 2) (Column 3) SMALL ENTITY OR OTHER THAN SMALL ENTITY  (Column 3) SMALL ENTITY OR OTHER THAN SMALL ENTITY  (Column 3) SMALL ENTITY OR OTHER THAN SMALL ENTITY  (Column 3) SMALL ENTITY  (Column 4) FREWOUSLY EXTRA  FRATE ADDITIONAL FEE  Independent OR MULTIPLE DEPENDENT CLAIM (37 OFR 1.16(d))  (Column 1) (Column 2) (Column 3)  (Column 3) Minus 3 9 =                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 37 CFR 1.16(b))                                                                                                                                                                         | 1                |                  | 3 3              | •              |             |           |                  |                | '          | OR,                     | × 1              | ==                                               | · . : . :   |  |
| TOTAL  OR TOTAL  OR TOTAL  OR TOTAL  OR TOTAL  CLAIMS AS AMENDED PART II  (Column 1) (Column 2) (Column 3) SMALL ENTITY OR SMALL ENTITY  FEMALINHO AFTER NUMBER PRESENT PREVIOUSLY EXTRA  OR TOTAL  RATE ADDITIONAL FEE  OR AD                                                                                                                                                                        | ULTIPLE DEPENDEN                                                                                                                                                                        | T CLAIM PRESI    | ENT              | OT CFR           | 1.18(d))       |             |           | _                | <u> </u>       | ď,         | OR .                    | X 8              | ==                                               | •           |  |
| CLAIMS AS AMENDED - PART II  (Column 1) (Column 2) (Column 3) SMALL ENTITY OR OTHER THAN SMALL ENTITY                                                                                                                                                                         | If the difference in col                                                                                                                                                                | unit lis loss.li | INI Zero         | , citter o       | la column      |             |           |                  | <del>. :</del> | ٦ ٦        | )R···                   | 4                |                                                  |             |  |
| (Column 1) (Column 2) (Column 3) SMALL ENTITY OR OTHER THAN SMALL ENTITY OR OTHER THAN SMALL ENTITY OR SMALL E                                                                                                                                                                        |                                                                                                                                                                                         |                  |                  |                  |                | • • •       | TOTA      | u: .[            | ÷              | 0          | R                       | . TOTA           |                                                  |             |  |
| CLAIMS REMANING AFFER AMENOMENT Total OF CHAIRS OF CLAIMS AFFER AMENOMENT AMENOMENT AFFER AMENOMENT AMENOMENT AFFER AMENOMENT                                                                                                                                                                         |                                                                                                                                                                                         | •                |                  | •                |                | · . · ·     | •         | •                | • • •          | •          | •                       | •                |                                                  |             |  |
| AMERIAN AMERIAN PREVIOUSLY PRESENT PREVIOUSLY PRESENT PREVIOUSLY PRESENT PREVIOUSLY PRESENT PREVIOUSLY PRESENT PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 OFR 1.10(d))  CLAIMS REMAINING AMERIAN PREVIOUSLY PRESENT PREVIOUSLY PREVIOUSLY PRESENT PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 OFR 1.10(d))  Total ADDI. FEE OR X \$ = 0            | T                                                                                                                                                                                       | CLAIMS           | T-               |                  |                | (Column 3   | SMA       | LL E             | YTITY          | ې .        | DR .                    | OT               | HER TH                                           | W.          |  |
| TOTAL OF CHANGE                                                                                                                                                                         |                                                                                                                                                                                         | AFTER            |                  | PREV             | MBER<br>TOUSLY |             | RATE      | T                |                | 7          | ſ                       |                  | 1                                                |             |  |
| FRIST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 OFR 1.16(d))  FRIST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 OFR 1.16(d))  (Column 1)  (Column 2)  (Column 3)  (Column 4)  (Column 3)  (Column 3)  (Column 4)  (Column 4)  (Column 3)  (Column 3)  (Column 4)  (Column 4)  (Column 4)  (Column 5)  (Column 5)  (Column 6)  (Column 6)  (Column 7)  (Column                                                                                                                                                                         | Total .                                                                                                                                                                                 | 38               | Minus            |                  |                | = =         | 1         | -                |                | 1 :        | L                       |                  | TH                                               | ONAL .      |  |
| PRIST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 OFR 1.16(d))  (Column 1)  (Column 2)  (Column 3)  (Column 3)  (Column 3)  (Column 3)  (Column 3)  (Column 3)  (Column 4)  (Column 3)  (Column 3)  (Column 4)  (Column 3)  (Column 4)  (Column 3)  (Column 4)  (Column 5)  (Column 5)  (Column 6)  (Column 6)  (Column 6)  (Column 7)  (Column 7)  (Column 7)  (Column 8)  (Column 8)  (Column 1)  (Column 1)  (Column 1)  (Column 1)  (Column 2)  (Column 3)  (Column 3)  (Column 1)  (Column 1)  (Column 1)  (Column 2)  (Column 3)  (Column 3)  (Column 1)  (Column 3)  (Column 1)  (Column 1)  (Column 1)  (Column 1)  (Column 1)  (Column 3)  (Column 3)  (Column 1)  (Column 1)  (Column 1)  (Column 2)  (Column 3)  (Column 3)  (Column 1)  (Column 1)  (Column 2)  (Column 3)  (Column 3)  (Column 1)  (Column 1)  (Column 1)  (Column 2)  (Column 3)  (Column 3)  (Column 3)  (Column 1)  (Column 1)  (Column 2)  (Column 3)  (Column 3)  (Column 3)  (Column 3)  (Column 4)  (Column 1)  (Column 1)  (Column 2)  (Column 3)  (Column 3)  (Column 3)  (Column 4)  (Column 1)  (Column 1)  (Column 2)  (Column 3)  (Column 3)  (Column 3)  (Column 1)  (Column 1)  (Column 2)  (Column 3)  (Column 3)  (Column 3)  (Column 1)  (Column 1)  (Column 1)  (Column 2)  (Column 3)  (Column 3)  (Column 3)  (Column 1)  (Column 1)  (Column 1)  (Column 1)  (Column 2)  (Column 3)  (Column 3)  (Column 3)  (Column 1)  (Column 1)  (Column 1)  (Column 1)  (Column 3)  (Column 3)  (Column 3)  (Column 1)  (Column 1)  (Column 1)  (Column 1)  (Column 1)  (Column 2)  (Column 3)  (Column 3)  (Column 3)  (Column 3)  (Column 1)  (Column 1)  (Column 1)  (Column 1)  (Column 1)  (Column 3)  (Column 3)  (Column 3)  (Column 3)  (Column 4)  (Column 4)  (Column 5)  (Column 5)  (Column 6)  (Column 6)  (Column 7)  (Column 7)  (Column 7)  (Column 8)  (Column 1)  (                                                                                                                                                                        | (37 CFR 1.15(b))                                                                                                                                                                        | 3                | Minus            | 1                | a              | =           | 1         | -                | · ·            | OR         |                         | X \$             |                                                  |             |  |
| CCOlumn 1) (Column 2) (Column 3)  CLAIMS REMAINING AMENDMENT PREVIOUSLY PAID FOR ADDITIONAL TOTAL ADD'L FEE  I TOTAL ADD'L FEE  CRAMS REMAINING PREVIOUSLY PRESENT EXTRA PREVIOUSLY PAID FOR ADDITIONAL TOTAL ADD'L FEE  I TOTAL ADD'L FEE  CLAIMS RATER ADDITIONAL FEE  OR X \$ =                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | FIRST PRESENTATION                                                                                                                                                                      | OF MULTIPLE      | DEPEN            | DENT CLAI        |                | R 1.16(d))  |           | <del>-  </del> - | <del></del>    | OR         | 12                      | ٠                |                                                  |             |  |
| (Column 1) (Column 2) (Column 3)  CLAIMS REMAINING AFTER AMENDMENT PREVIOUSLY PRESENT EXTRA  Independent (37 CFR 1.1869)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | • :                                                                                                                                                                                     |                  |                  |                  |                |             | TOTAL     |                  | ·              | OR         |                         |                  | 1                                                | =           |  |
| CLAIMS AFTER AMENDMENT PREVIOUSLY PAID FOR AGRENTATION OF MULTIPLE DEPENDENT CLAIM AMENDMENT  CLAIMS AFTER AMENDMENT AMENDMENT AMENDMENT AFTER AMENDMENT AMENDMENT AFTER AMENDMENT AMENDME                                                                                                                                                                        |                                                                                                                                                                                         |                  |                  | (Coli            | uho 21         | :(Cal a)    | ADD'L FEI | نا ا             | <del></del>    | OR         | A                       | OTAL<br>OO'L FEE |                                                  | =           |  |
| Total (27 CFR 1.18(C))  Total (27 CFR 1.18(C))  Total (27 CFR 1.18(C))  Minus 3                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 11011                                                                                                                                                                                   | EMAINING AFTER   |                  | HIGH             | EST BER        | PRESENT     | RATE      | Τ.               | ADDI :         | 7.         | .[                      | •                |                                                  |             |  |
| Independent (27 oFR 1.16(d))  FIRST-PRESENTATION-OF MULTIPLE DEPENDENT CLAIM (37 oFR 1.16(d))  CLAIMS (Column 2) (Column 3)  CLAIMS (AFTER AMENDMENT PREVIOUSLY PAID FOR AMENDMENT PREVIOUSLY PAID FOR AMENDMENT PREVIOUSLY PAID FOR AMENDMENT (CFR 1.16(d))  Total (Column 3)  CER 1.16(d) (Column 3)  REMAINING (Column 3)  AFTER ADDI-TIONAL FEE (Column 3)  Total (Column 3)  RATE (Column 4)  RATE (Colu                                                                                                                                                                        | Total                                                                                                                                                                                   |                  | Minus            |                  | FOR            |             |           |                  | IONAL          | <u>'</u> , |                         | RATE             |                                                  |             |  |
| FIRST-PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))    X                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Independent                                                                                                                                                                             | 30               |                  | 'ک               | 1              |             | X 8=      |                  |                | OR.        | \ \ \                   |                  | :FE                                              | E .         |  |
| (Column 1) (Column 2) (Column 3)  CLAIMS REMAINING AFTER AMENDMENT PREVIOUSLY PAID FOR AMENDMENT  TOTAL ADD'L FEE  OR  RATE ADDI- TIONAL FEE  OR  X \$ _ = OR  TOTAL ADD'L FEE  OR  TOTAL OR  TOTAL ADD'L FEE  OR  TOTAL OR ADD'L FEE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | FIRST PRESENTATION                                                                                                                                                                      | OS MIL TIOLS S   | 1                | . 3              |                |             | X \$=     |                  |                | ].         | ×                       |                  | <del>                                     </del> |             |  |
| (Column 1) (Column 2) (Column 3)    CLAIMS   HIGHEST   NUMBER   PRESENT   EXTRA   PRESENT   TIONAL   FEE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                         | or mochine c     | ENDE             | HT CLAIM         | (37 CFR        | 1.16(d))    |           |                  |                | OR         | +.                      | -                | <b>-</b>                                         | $\dashv$    |  |
| CLAIMS REMAINING AFTER AMENDMENT REMOIDING AFTER AMENDMENT RATE ADDI- TIONAL FEE  CERT.LISEQ:  CERT.LISEQ:  AMENDMENT  Minus  Mi                                                                                                                                                                        | ,<br>(Ca                                                                                                                                                                                |                  |                  | ·                |                |             |           | L                |                | OR         | TO                      | TAL              | 1                                                | <b>⊢</b> [. |  |
| AFTER AMENDMENT PREVIOUSLY PAID FOR STRAIN FEE ADDITIONAL FEE ADDI                                                                                                                                                                        | C                                                                                                                                                                                       | AIMS T           | <del></del>      |                  |                | Column 3)   |           | · .              |                | •          |                         | ,                |                                                  | 1           |  |
| TOTAL  ADD'L FEE  TIONAL  FEE  TIONAL  FEE  TOTAL  ADD'L FEE  OR  ADD'L FEE  TOTAL  ADD'L FEE  OR  ADD'L FEE  OR  ADD'L FEE  OR  ADD'L FEE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | AME                                                                                                                                                                                     | FTER .           | .  -             | NUMBE<br>PREVIOU | R F            |             | RATE      |                  |                |            |                         | RATE             | ADD                                              |             |  |
| RST_PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))  ASST_PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))  TOTAL  ADD'L FEE  OR  X \$ =                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | CFR (.is(d)                                                                                                                                                                             |                  | inus             | - AIDF           |                |             | ļ         |                  |                |            |                         |                  | TION                                             |             |  |
| AST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (97 CFR 1.16(d))  +3  OR  X \$ =  OR    TOTAL   ADD'L FEE  OR   ADD'L FEE    ADD'L                                                                                                                                                                       | cra.i.isa;                                                                                                                                                                              | M                | nite             | •••              |                |             |           | -                |                | OR         | X 8_                    |                  |                                                  |             |  |
| he entry in column 1 is less than the entry in column 2 write "0" in column 2.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | RST PRESENTATION O                                                                                                                                                                      | F MULTIPLE DE    | PENDEN           | T CLAIM (        | 97 CFR 1       | in (m)      | X         |                  | <del>-</del> [ | ÓR.        | X \$                    |                  |                                                  | $\bigcup$   |  |
| he entry in column 1 is less than the entry in column 2 write 10 in column 2.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                         |                  |                  |                  |                | <del></del> | TOTAL     | <u> </u>         |                | OR         |                         |                  |                                                  | .7          |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | he entry in column 1<br>he "Highest Number                                                                                                                                              | s less than the  | entry in         | column 2         | write "0"      | in column 3 | ADD'L FEE | ٠                |                | OR .       | TOT.                    | AL<br>L FEE      |                                                  |             |  |

This collection of Information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, and submitting the completed application form to the USPTO. Time will vary depending upon the Individual case. Any comments and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450, DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.